

Dakota County Library

VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, _____(name), request that I be allowed to participate as a volunteer for the Dakota County Library for the following Activity, described as:

_____ Date(s) of Activity_____

I currently have no known physical condition that would impair my capability to engage in physical activities appropriate for this Activity. I recognize that there is an element of risk of physical injury to me if I participate in this Activity and I agree that I am participating at my own risk and voluntarily accept all risk.

In exchange for being allowed to participate in this Activity:

1) I understand and agree that Dakota County and the Dakota County Library shall not be liable for any loss, damage or injury resulting from any acts on my part. I personally assume all risks in connection with this Activity and I hereby expressly forever release Dakota County and the Dakota County Library, its officials, agents, employees, and volunteers, from any claims, demands, injuries, damages, actions or causes of action whatsoever for any acts of active or passive negligence on the part of Dakota County and the Dakota County Library, its officials, agents, employees, and volunteers. This release does not waive liability for intentional, willful or wanton acts.

2) I agree to participate as a volunteer for this Activity according to the rules and instructions of the Dakota County Library and wear appropriate attire for the Activity involved.

By signing, I acknowledge that I have carefully read and fully understand everything written on this form and am voluntarily signing this waiver and release of liability agreement between myself and Dakota County and the Dakota County Library as my own free act.

Volunteer's Signature [print name]

[Address]

Dated: _____

*If applicant is a minor (person under 18 years of age), **this form must also be signed by parent or guardian.***

I give permission for my child/ward to participate as a volunteer in the Activity described above and agree to be bound by the conditions stated in this waiver and release form.

Parent/Guardian[print name]

Dated: